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MAR 17 2005

FAX TRANSMISSION**DATE:** March 17, 2005**PTO IDENTIFIER:** Application Number 09/835170-Conf. #4882
Patent Number**Inventor:** Spencer M. GOLD**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Kevin J. Canning

PHONE: (617) 227-7400**Attorney Dkt. #:** SMQ-041RCE/P5213**PAGES (Including Cover Sheet):** 14**CONTENTS:** Fee Transmittal plus duplicate (2 pages)
Amendment (8 pages)
Request for Continued Examination Transmittal plus duplicate (2 pages)
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Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known) 09/835170

Attorney Docket No.: SMQ-041

Certificate of Transmission under 37 CFR 1.8

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on March 17, 2005
Date


Signature

Kevin J. Canning

Typed or printed name of person signing Certificate

35,470

Registration Number, if applicable

(617) 227-7400

Telephone Number

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Fee Transmittal plus duplicate (2 pages)

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PTO/SB/30 (09-04)

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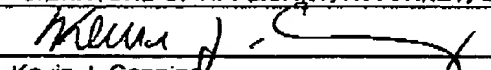
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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/835170-Conf. #4882
	Filing Date	April 13, 2001
	First Named Inventor	Spencer M. GOLD
	Art Unit	2133
	Examiner Name	M. M. Chaudry
	Attorney Docket Number	SMQ-041RCE/P5213

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s)
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 12-0080. I have enclosed a duplicate copy of this sheet.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

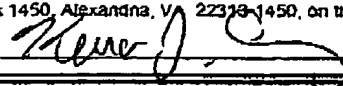
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	March 17, 2005
Name (Print/Type)	Kevin J. Canning	Registration No.	35,470

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Dated, March 17, 2005

Signature



(Kevin J. Canning)

PTO/SB/30 (09-04)

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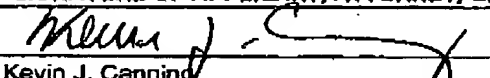
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	March 17, 2005
Name (Print/Type)	Kevin J. Canning	Registration No.	35,470

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Dated: March 17, 2005

Signature:  (Kevin J. Canning)

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/835170-Conf. #4882 Filing Date April 13, 2001 First Named Inventor Spencer M. GOLD Examiner Name M. M. Chaudry Art Unit 2133 Attorney Docket No. SMQ-041RCE/P5213	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 790.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____
☒ Deposit Account Deposit Account Number **12-0080** Deposit Account Name **Lahive & Cockfield, LLP**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
29	- 29 =	x	=	Fee (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 =	x	=

3. APPLICATION SIZE FEE

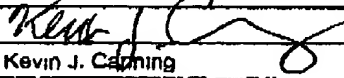
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,470	Telephone	(617) 227-7400
Name (Print/Type)	Kevin J. Canning	Date	March 17, 2005		

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Dated: March 17, 2005


Signature



(Kevin J. Canning)

PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/835170-Conf. #4882				
		Filing Date	April 13, 2001				
		First Named Inventor	Spencer M. GOLD				
		Examiner Name	M. M. Chaudry				
		Art Unit	2133				
TOTAL AMOUNT OF PAYMENT	(\$)	790.00	Attorney Docket No.	SMQ-041RCE/P5213			
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES				Small Entity		Fee (\$)	
Fee Description				Fee (\$)		Fee (\$)	
Each claim over 20 (including Reissues)				50		25	
Each independent claim over 3 (including Reissues)				200		100	
Multiple dependent claims				360		180	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
29		- 20 =	9	=	Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
4		- 4 =	0	=			
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SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	35,470	Telephone	(817) 227-7400
Name (Print/Type)	Kevin J. Canning			Date	March 17, 2005		

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